|   |  |   |                  |                              |                              |  |       |           | Application or Docket Number |                        |         |                     |                        |  |
|---|--|---|------------------|------------------------------|------------------------------|--|-------|-----------|------------------------------|------------------------|---------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  10972828-2    |  |   |                  |                              |                              |  |       |           |                              |                        |         |                     |                        |  |
|   |  | CLAIMS AS                                 | (Column 2)       |                              |                              | SMALL ENTITY TYPE                            |       | OR        | OTHER THAN                   |                        |         |                     |                        |  |
| TOTAL CLAIMS  |  |   | 23               |                              | ·                            |  |       | RAT       | Ē                            | FEE                    |         | RATE                | FEE                    |  |
| FOR   |  |   | NUMBER FILEO     |                              | NUMBER EXTRA                 |  |       | BASIC     | FEE                          | 370.00                 | OR      | BASIC FEE           | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 23 minus 20=     |                              | • 3                          |  |       | X\$ 9=    |                              | OR                     | X\$18=  | 54                  |                        |  |
| INDEPENDENT CLAIMS  |  |   | √ minus 3 =      |                              | • /                          |  |       | X42=      |                              |                        | OR      | X84=                | 84                     |  |
| MU  | LTIPLE OEPEN   | DENT CLAIM PI                             | RESENT           |                              |                              |  |       | +140=     |                              |                        | OR      | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |                  |                              |                              |  |       | TOTA      |                              |                        | OR      | TOTAL               | STX                    |  |
| CLAIMS AS AMENDED - PART II   |  |   |                  |                              |                              |  |       |           |                              | <u></u>                |         | OTHER               | THAN                   |  |
| (Column 1)  |  |   |                  | (Colu                        |                              |  |       | SMALL EI  |                              | ENTITY                 | OR      | SMALL               | ENTITY                 |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVI<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA                             |       | RAT       | E                            | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| 2   | Total  | .33                                       | Minus            | * 2                          | 73                           | <b>=</b>                                     | Ц     | X\$ 9     | =                            |                        | OR      | X\$18=              |                        |  |
| ME  | Independent  | : 34                                      | Minus            | ***                          | if                           | =  |       | X42       | <u> </u>                     | - (                    | OR      | X84 <b>≠</b>        |                        |  |
| ٦   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                 |   |                  |                              |                              |  |       | .140      |                              |                        |         | +280=               |                        |  |
| +140=<br>TOTAL  |  |   |                  |                              |                              |  |       |           |                              |                        | OR      | 70711               |                        |  |
|   |  |   |                  |                              |                              |  |       |           | ΕĒ                           |                        | ОН      | ADDIT. FEE          |                        |  |
| _   | (Column 1) (Column 2) (Column 2) (Column 2) (Column 3) HIGHEST |   |                  |                              |                              |  | ٦,    |           | _                            |                        |         |                     |                        |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                  | NUN<br>PREVI                 | BER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA                             |       | RAT       | E                            | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus            | **                           |                              | =  |       | X\$ 9     | =                            |                        | OR      | X\$18=              |                        |  |
| AME   | Independent  | •   | Minus            | ***                          |                              | <u>                                     </u> | 1     | X42       | =                            |                        | OR      | X84=                |                        |  |
| Ĺ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT                       |   |                  |                              | I CLAIM                      |  | ا ل   | +140      | =                            |                        | OR      | +280=               |                        |  |
|   |  |   |                  |                              |                              |  | ,     | TO'       | TAL                          |                        | OR      | TOTAL<br>ADDIT: FEE |                        |  |
|   |  | (Column 1)                                |                  | (Colu                        | mn 2)                        | (Column 3)                                   |       | ADDII. I  |                              |                        | •       | ADOI1.1 CE          |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVI         | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                             |       | RAT       | E                            | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus            | **                           |                              | =  |       | X\$ 9     | =                            |                        | OR      | X\$18=              |                        |  |
|   | Independent  | <u> -</u>                                 | Minus            | ***                          | - 0                          | <u> </u> -                                   | 4     | X42       |                              |                        | OR      | X84=                |                        |  |
|   | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEF      | PENDEN                       | T CLAIM                      |  |       | +140      | =                            |                        | OR      | +280=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                  |                              |                              |  |       |           |                              |                        |         | TOTAL               |                        |  |
| -   | If the "Highest Nu   | imber Previously P                        | aid For IN TH    | IS SPACE                     | is less tha                  | an 3, enter "3."                             |       | ADDIT. F  |                              | <b></b>                | OR      | ADDIT. FEE          | L                      |  |
|   | The "Highest Nun   | nber Previously Pa                        | id For" (Total o | r Indepen                    | dent) is the                 | e nighest numb                               | er fo | unorin th | е ар                         | propriate bo           | K ID CC | oumn 1.             |                        |  |